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Mentally ill ending up in jail

Privatizing N.C. services putting them, officers at risk

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Job safety for deputies is an ongoing priority for law enforcement administrators such as Brunswick County Sheriff Ronald Hewett.



Encounters with the mentally ill play an ever-increasing role in the daily routines of officers. Hewett said the onset of privatized services means police may be drawn more often into situations in which they must interact with people who have mental health issues.

"We're finding ourselves in more volatile situations when officers respond because they're not getting their medications. We end up having to fight them. We end up having to use physical force to restrain them," Hewett said. "They probably wouldn't be in jail if they were getting the medications they need."

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Hewett said there is a direct correlation between the lack of mental health services available to the public and the increased interaction law enforcement officers have with the mentally ill.

Employees of the state Department of Correction, county jails and the court system are all obliged to cope with a steady stream of citizens with mental health issues as providers juggle priorities in an era of dwindling resources.

There are some success stories, but also indications that the mentally ill are paying the price as the new system is implemented.

Until recently, the Southeastern Center for Mental Health, Developmental Disabilities and Substance Abuse Services was contracted to attend to the needs of Brunswick County jail inmates. The long-standing agreement ended in July as part of the state-mandated privatization of mental health services.

On the average, Hewett said, two or three people a day are transported from Brunswick County to state facilities for a mental health evaluation. Brunswick County is negotiating with private agencies to take over mental health care at the jail.

"We can no longer depend on Southeastern Mental Health because of funding issues. Now, we have to depend on the same providers who provide physical health care," said Hewett, who served as 2005-06 president of the N.C. Sheriff's Association.

"It is a statewide issue," he said. "It will have a detrimental ripple effect leading to people who are on an outpatient basis being incarcerated. The folks who need the help the most are falling through the cracks."

Art Costantini is area director for Southeastern Mental Health and has overseen the staff cut from 375 in 2003 to 105 today. He is the state's point man for the privatization shift.

"The transformation is huge," Costantini said. "It's not a matter of money, it's a matter of transformation. It was a state mandate in the sense that we couldn't provide the services any longer."

Matching up private agencies to county jails and other entities that house the mentally ill has been more successful in counties with larger populations. Rural counties have fewer professional resources to draw from.

Southeastern served as a one-stop source of mental health care for Brunswick, New Hanover and Pender counties.

"Now that we have a lot of providers, it's easier for individuals seeking services to fall through the cracks," Costantini said. "I think there are more people out there in crisis ending up in the (county) health department, in the department of social services, in the sheriff's department. Hopefully, as the plan is implemented, that won't be the case."

Kenneth A. Saylor III lived quietly in Wilmington for several years until he attracted the attention of police on Dec. 4, 2004. Saylor was intoxicated on a chilly Sunday night as he walked down North Front Street, randomly firing rounds from a shotgun.

Officers responded and one was struck in the foot with a shotgun pellet. Saylor eventually dived into the Cape Fear River and swam to the other side, where he was taken into custody. Saylor, 27, was

diagnosed with schizophrenia and depression during his lengthy stay in jail, the psychiatric ward of Central Prison and other state facilities.

In February, he received a prison sentence of 55 to 88 months after entering a guilty plea to assault with a deadly weapon with intent to kill, assault with a firearm on a law enforcement officer and going armed to the terror of the public.

Saylor is currently an inmate in the state's "close custody" Alexander Correctional Institution in Taylorsville. While in New Hanover County jail, Saylor spent time in 23-hour lockup without proper medications, and his condition deteriorated, said his mother, Joann Bowlin.

Saylor's condition has stabilized in state prison, where he is participating in an eight-week inpatient services program that includes weekly sessions with a psychologist and group therapy with other inmates.

"I believe he is better off now," Bowlin said. "I think he is in a better place compared to where he was. But I'm thinking they don't have enough stuff down there."

The N.C. Department of Correction is "self-contained" and equipped to handle most needs of mentally ill inmates, said Kenneth Wilson, a psychologist and assistant section chief of mental health services for the DOC's Division of Prisons.

About 4,000 of the 37,831 inmates in the state prison system as of Wednesday were mentally ill and receive some form of treatment, Wilson said. He said the 10 to 12 percent ratio of inmates with mental illness has remained constant in recent years.

"It's not something that we've seen a huge increase in all of a sudden," Wilson said. "It's a challenging population to work with, but we don't have folks who are not being treated and not being seen. If they are on our caseload, we are taking care of them."

The state-funded inmate health costs during fiscal year 2005-06 were about \$195 million, compared to \$165 million the previous year. Specific expenditures relating to mental health were not available from the DOC.

Jay Corpening, interim chief New Hanover County District Court judge, has another mental health perspective relative to Juvenile Court. "The resources are drying up," Corpening said. "We are having problems getting consistent care for juveniles. This is happening as part of the mental health reform."

Limited availability of professionals such as psychologists and counselors, along with the lack of in-house services, sometimes mean juveniles with mental health conditions must be treated out of state. Taxpayers foot the bill.

Privatization is to blame, the Family Court judge said.

"We are struggling to meet their needs. It has not been pleasant, and the forecast from judges across the state is that it's going to get worse," Corpening said. "We don't have built-in resources in the court system to help them."

Eliminating primary service by Southeastern Mental Health and other centers like it was not a good decision, he said.

It's a situation of pay now or pay later, Corpening said.

"If you can't deal with them at an early age, they just get worse and worse and we're working hard to provide that therapeutic intervention now," he said.

Advocacy groups such as the National Alliance for the Mentally Ill do not support locking up mentally ill people. The organization estimated in 2004 that prisoners with mental illness cost the nation about \$9 billion annually, and favors treatment rather than incarceration.

"You cannot put sick people in a jail and expect positive results. Only bad things can happen," said Stanley Oathout, president of the Wilmington NAMI affiliate. "With no medications, you have behavioral problems and you will have your sentence extended and you will overstay your welcome."

There are better solutions available, he said, such as mental health courts. Such courts focus on reducing the criminalization of people with mental illnesses by increasing cooperation between the mental health treatment system and criminal justice system. It is offered in different locations in the country, including Forsyth County in North Carolina.

"They're extraordinarily effective. What they do is define out-of-jail opportunities to improve a patient's mental health," Oathout said.

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